Morepower Limited

AQS Homecare Sussex

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection was announced and took placed on the 5 January 2017. At the last inspection in 2014 the service was found to be meeting the required standards.

AQS Homecare Sussex is a domiciliary care agency registered to provide personal care to people in their own homes. The service is located in Eastbourne and provides services to people in the surrounding areas. At the time of the inspection visit there were 58 people receiving support with their personal care needs from the service.

The service had a registered manager who was registered with the CQC in October 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Complex personal care procedures were not being carried out in line with guidance issued by the Royal College of Nursing. This was because health professionals were not involved with the management of these procedures. Following the inspection we contacted the local clinical commissioning group (CCG) so that they could support with this.

Competency checks were not always being carried out to ensure that staff were following the correct process and procedures, in relation to supporting people with complex personal care needs. The registered manager confirmed that competency checks would be completed and recorded in the future.

We have made a recommendation to the registered provider in relation to supporting people with managing complex personal care needs.

Audit systems were carried out by the registered manager which ensured the quality of the service being provided to people. These looked at areas such as staff conduct, medication and complaints. The registered provider also completed quality monitoring checks, however records were not always clear around what aspects of the service the provider had looked at, and what the outcome of these visits had been. This meant that the registered provider did not have a clear audit trail in relation to their quality monitoring processes.

Staff had completed training areas necessary for their role. This included moving and handling, infection control and health and safety. They had also received training in specific areas to enable them to support people with their needs. This helped to ensure that staff had the skills they needed.

People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff had received training in the Mental Capacity Act 2005 (MCA) and were aware of their roles and responsibilities in relation to this.

People were protected from the risk of abuse. Staff had completed training in safeguarding vulnerable adults and the registered provider had an up-to-date policy and procedure in place around this. Staff were aware of their role and responsibilities in relation to reporting abuse.

A record of accidents and incidents was maintained by the registered manager. These showed that action was taken in a timely manner to prevent incidents from reoccurring.

There were sufficient numbers of staff in place to safely meet people's needs. People commented that staff generally arrived on time and that they stayed for the time they were supposed to. People also commented that staff completed those tasks required of them.

People commented that staff were kind and caring and that they were supported to maintain their dignity. People told us that they received support from regular staff which had enabled the development of positive relationships.

Information was available to staff around what how they should work to support people. People each had a personalised care record in place which contained details around the supported and care they needed.

There was a complaints procedure in place which people told us they would feel confident using. Complaints records showed that action had been taken in a timely manner to address and investigate concerns that had been raised.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were in place and outlined to staff what support they needed to provide to people.

Staff had completed training in safeguarding vulnerable adults and knew how to report any concerns they may have.

Accidents and incidents were monitored and appropriate action was taken to prevent these from reoccurring.

People were supported to take their medication as prescribed by trained staff.

Is the service effective?

Good

The service was effective.

Staff had received the training they required to carry out their role effectively, however competency assessments were not always completed.

Staff were aware of their roles and responsibilities in relation to the Mental Capacity Act 2005.

People had been supported to access help from health care professionals where required.

Is the service caring?

Good

The service was caring.

People spoke positively about staff and the positive relationships which had been developed between them.

Staff treated people with dignity and respect.

Systems were in place which ensure people's confidentiality was maintained.

Is the service responsive?

Good

The service was responsive.

Care records were reviewed on a regular basis and in ensured information remained accurate and up-to-date.

People's care records were personalised and contained relevant information relating to their needs.

Action was taken in a timely manner to address any complaints or concerns that people may have.

Is the service well-led?

Good

The service was well led.

Quality monitoring systems were in place to monitor the service, however the registered provider needed to maintain clearer records in relation to these.

Staff worked to promote the registered provider's vision and values.

Systems were in place to get feedback from people using the service.

AQS Homecare Sussex

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and was completed on the 5 January 2017. The registered provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one adult social care inspector.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we contacted the local authority for information they held about the service and they reported no concerns.

During the inspection we met with two people who used the service, and spoke with two people involved in the care of people using service. We also looked at the care records for three people who used the service. We spoke with three members of staff, the registered manager and another member of the management team. Other records we looked at included recruitment records for three members of staff and records pertaining to the day-to-day management of the service including audit systems, and compliments and complaints records.

Good

Is the service safe?

Our findings

People commented that they felt the service was safe and that they felt safe around care staff. Their comments included, "Staff are helpful and kind. I definitely feel safe", "I don't have any concerns about my care" and "There are occasions when I can't do things without their support. They keep me safe".

Care records showed that risks to people had been assessed and risk assessments were in place. For example risk assessments were in place around people's mobility, continence needs and pressure areas. Staff demonstrated an awareness of the risks associated with people's needs, and in had received training in areas where more in-depth knowledge was required to provide the correct support. This helped ensure that staff were aware of how to respond to risk.

A record of accidents and incidents was maintained by the registered manager. These showed that where an incident had occurred, action had been taken to ensure people's safety and prevent these issues from occurring again in the future. In cases where these had involved failings by staff this had been raised during supervision, and in some instances additional training had been provided. This showed that action was being taken to prevent issues from arising again in the future.

People received their medication as prescribed. Staff who administered medication had completed the relevant training and competency checks to ensure they were skilled enough to carry out the task. Staff signed medication administration records (MARs) when they supported people to take their medicines. During each visit staff checked that the MARs from the previous call had been appropriately signed. Where any gaps were found these were reported to the registered manager. The registered manager also completed an audit of people's medicines. Where she identified that staff had failed to report non-signing of MARs the registered manager addressed this with the member of staff as part of the supervision process. This helped to ensure staff remained accountable and that people received their medicines appropriately.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable people and were aware of the different kinds of abuse that may occur, along with the signs that may indicate abuse is taking place. Staff knew how to report any concerns they may have to the local authority or the registered manager. The registered provider had a whistleblowing policy in place which staff were familiar with. Whistleblowing is where staff can raise concerns regarding poor practice either inside or outside the organisation without fear of reprisal.

Recruitment processes were safe and helped ensure people were supported by suitable staff. We looked at the recruitment records for three members of staff and found these to be robust. Staff had been required to provide two references, one of which was from their most recent employer. Staff had also been subject to a check by the disclosure and barring service (DBS). The DBS informs employers if staff have a criminal history or are barred from working with vulnerable groups of people. These processes helped the registered provider to determine if staff were suitable for the role.

People told us that they did not have any concerns around staffing levels. People commented that staff

always attended their arranged calls, and where staff were running late they would be contacted about this. Monthly spot checks were completed by the registered manager and senior care staff to ensure that staff were arriving on time. Staff also stated the times they attended and left calls in the daily notes section of people's care records. This helped the registered manager to identify any issues relating to timeliness of calls.

Staff had received training in infection control and they were aware of how to prevent the risk and spread of infection. For example they told us they used personal protective equipment (PPE) such as gloves and aprons when carrying out tasks such as helping people to have a wash. People confirmed that staff used PPE when supporting them with their personal care.

Good

Is the service effective?

Our findings

People commented that they felt staff were skilled and good at their jobs. People's comments included, "Staff are very good at what they do" and "They seem skilled, yes". One person's relative commented, "Staff are professional".

Some people required staff to carry out complex procedures when supporting them with personal care and daily routines, for example managing their continence needs or supporting people with a percutaneous endoscopic gastrostomy (PEG) feed in place. Staff had completed training in these areas and following the initial training their competency to carry out the procedures was checked. However, there had been no subsequent competency assessments to ensure that good practice was being maintained. In eight examples training records showed that staff had last been deemed to be competent in August 2015. The registered provider had a policy in place regarding 'specialist practices' which stated that competency checks should be carried out on a "regular basis", however did not specify a time frame. We raised this with the registered manager who informed us that spot checks on staff practice had taken place to ensure they were complying with best practice. The registered manager told us that a record of competency assessments would be maintained in the future.

Guidance issued by the Royal College of Nursing relating to one of the procedures carried out states that there should be on going monitoring by a qualified health professional. The registered manager told us they had tried to get the required support from a health professional without success. Following the inspection we contacted the local clinical commissioning group (CCG). This was so that the CCG could ensure that staff practice in relation to complex procedures, was monitored by the relevant health professionals.

We recommend that the registered provider seek advice and guidance from a reputable source around the completion of complex health procedures.

Staff had received training in other areas such as manual handling, food hygiene, health and safety and equality and diversity. Some staff had also been supported to complete nationally recognised qualifications in health and social care. Training was delivered via a mix of e-learning and/or by a qualified trainer. Team meetings were also used to discuss relevant topics such as safeguarding vulnerable adults, to help keep staff knowledge refreshed. This helped ensure that people received effective care and support from staff with the right skills and knowledge, as well as ensuring staff were kept up-to-date with best practice.

New staff were given the training they needed to carry out their role. An induction was in place for new staff during which they completed the training outlined above and shadowed experienced members of staff. New staff also completed The Care Certificate. The Care Certificate is a nationally recognised set of standards that care staff are expected to meet. New staff were subject to a period of probation during which their suitability for the role was assessed and determined by the registered manager.

Staff received supervision and appraisal on a routine basis. Supervisions took place on a one to one basis between staff and the registered manager. These enabled discussions between the registered manager and

staff regarding additional training needs, performance related issues and further areas of development. Appraisals were completed annually with the registered manager and considered staff performance. Objectives were set during appraisals regarding areas of development or improvement. This process helped ensure that staff remained accountable, and supported continued professional development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community based services restrictions placed upon people need to be authorised by the Court of Protection (CoP). At the time of the inspection visit there was no one who required an authorisation by the CoP. However the registered manager demonstrated a good awareness of the principles of the MCA and those situations where an application to the CoP may be needed.

Staff had received training in the MCA and they were aware of their roles and responsibilities in relation to the Act. People told us that staff offered them choice and control over their own care. One person told us, "Staff ask me what I want for breakfast, they don't assume" whilst another person commented, "I choose what clothes to wear and then staff help me dress".

Some people required assistance from staff with the preparation of food and drink. Staff had received training in food hygiene. Care records contained information around people's preferred food choices, or where appropriate their dietary needs. People commented that staff provided meal-time options that were to their liking and told us that staff left their kitchen clean and tidy.

Where appropriate people were supported to access support from health and social care professionals such as their GP or social worker. Where required staff had also supported people to access emergency services if they became unwell.

Good

Is the service caring?

Our findings

People told us that staff were kind, caring and considerate towards them. Their comments included, "Carers [staff] are respectful, kind and nice" and "Carers are kind and caring". One person's relative commented that staff were "great". Compliments received about the service included positive comments about staff. For example, "We are over the moon with the quality and kindness of office and care staff" and "I could not ask for a nicer group of carers".

During the inspection visit, one person visited the office. There was light hearted discussion and a lot of laughter between staff, the registered manager and this person which demonstrated positive relationships. Other people commented that they received regular support from the same carers which had enabled a positive relationship to develop. One person stated, "I've had the same carers for so long they know exactly how I like things done" whilst another commented, "They know me so they can tell if I'm feeling good or bad. They do more or less depending on how I am". A family member commented that staff were caring towards their relative, commenting "They say to [my relative] 'sit down and relax, we're here now'".

Staff acted to relieve people's distress. During the inspection visit one person's family member contacted the service in distress as their relative was feeling unwell. The registered manager supported this person over the telephone in a kind and caring way and contacted the person's GP for support. She also sent an experienced member of staff to offer their support. Throughout the inspection visit we overheard multiple examples where office staff spoke politely and with kindness towards people. This demonstrated a compassionate approach towards people and their family members.

People commented that staff were respectful and treated them with dignity. Their comments included, "Staff treat me with dignity and respect. I've never had any concerns", "Staff are always polite, and always complimentary" and "They treat my home with respect". People told us that they felt comfortable around staff when they were being supported to complete personal care tasks. Staff had completed training in person centred care and gave appropriate examples around maintaining people's dignity, such as ensuring doors and curtains were closed when assisting people with personal care.

People were involved in planning and organising their own care. For example one person was involved in the training process and selection of their own staff. People's care records contained signed consent forms which showed that they had been consulted and were in agreement with aspects of their care. Care records also instructed staff to include people in decisions around their care, such as offering choice around things such as what clothes to wear.

At the time of the inspection visit there was no one receiving support from local advocacy services, however the registered manager had a good understanding of those situations where an advocate would be required. An advocate acts as an independent source of support to people to ensure that their wishes and feelings are heard when decisions need to be made regarding their care needs.

People's confidentiality was maintained. Staff recognised the importance of maintaining people's privacy

and confidentiality and had received training in keeping information secure. Records containing personal information were stored securely at the main office. Computers were password protected which ensured that any online data was kept secure. Those records which were stored in people's homes were put away after use by staff.

Good

Is the service responsive?

Our findings

People commented that staff were good at their job and carried out the tasks that they were supposed to. One person told us, "They always do what they're supposed to", whilst another commented, "The girls [staff] are good at what they do. They're helpful, especially when helping with personal care".

Prior to people starting with the service an initial assessment had been carried out by the registered manager, or another member of the management team. This looked at the level of support required, including any physical or mental health needs, to determine whether people's needs could be met by the service. This information was also used to develop people's care records, which contained in-depth information around how they should be supported.

Care records included important information around any physical and mental health needs that they may have, and how staff should support them with this. Where support was needed with more complex tasks, a step-by-step guide was included for staff to refer to. In one example these had been signed off as correct by the person receiving the care, when care had been started. Care records also included daily timetables which outlined what tasks needed to be completed during each call, and when calls should take place. This provided staff with the information they needed to carry out the appropriate care and support.

People's care records included details of their preferred daily routines along with their likes and dislikes. For example a code of conduct outlined any house rules people may have, along with any expectations regarding staff conduct. There was also information around people's life history and important personal relationships. This enabled staff to get to know the people they supported, and helped facilitate the development of relationships.

A review of care records was carried out to ensure that information contained within these was accurate and up-to-date. We identified one example however where information around the risks associated with one person's needs did not contain sufficient detail. Immediate action was taken by the registered provider to address this. This ensured that staff had access to accurate information about people's needs.

Staff completed daily records which outlined the support that they had given to people, along with any pertinent issues or developments that had occurred regarding their care. Records were also completed where appropriate to monitor aspects of people's care, for example fluid intake. These were used to analyse people's health and wellbeing, and helped informed decisions around involving health professionals.

The registered provider had a complaints process in place which was outlined in the service user guide, which people had been given a copy of. This included contact details for the registered manager and registered provider. People told us that they knew how to make a complaint and that they felt able to raise any concerns with the registered manager. Their comments included, "I don't have any complaints but I would go straight to the manager if I had any" and "I haven't even thought about making a complaint, but If I had to I would".

The registered manager kept a record of complaints that had been made. The registered manager had responded in a timely manner to complaints made. Appropriate action had also been taken in response to concerns, for example addressing these directly with staff. This showed that the registered provider was responsive to people's concerns.

Good

Is the service well-led?

Our findings

The service had a manager in post who had been registered with the CQC since October 2010. People and staff commented positively on the registered manager. Words used to describe her included "Supportive" and "Approachable". People knew who the registered manager was and told us that they would contact her if they needed to.

There were systems in place to monitor the quality of the service being delivered to people. These looked at areas such as care records, staff conduct and complaints. We identified one example where these systems had failed to identify issues with a person's risk assessment, however immediate action was taken to rectify this. The registered manager carried out monthly medication checks to ensure these were being administered appropriately and that MARs were being signed. Spot checks on staff were completed routinely by the registered manager to ensure they conducted themselves with professionalism and that standards of care were being maintained.

The registered provider completed quality monitoring visits every two months. These looked at areas such as people's care records, medicines, health and safety and areas of improvement. The records relating to the quality monitoring visits did not always contain adequate detail regarding those areas looked at. For example, the quality monitoring visit carried out in July 2016 did not state which care records had been looked at. This meant that the registered provider could not be sure that different care records would be looked at in subsequent visits. This meant that follow up action could not be taken to ensure any suggested changes had been made.

The registered manager and other members of the management team visited people who used the service at their homes on a regular basis to get their feedback about the service they received. Telephone audits were also completed on a three monthly basis to get people's feedback. Records showed that overall people were happy with the quality and standard of the care being provided.

The registered provider had up-to-date policies and procedures in place which were accessible for to staff. Staff knew where these were located and were familiar with those that related to their role, for example the safeguarding and whistleblowing procedures. The registered provider also had a disciplinary procedure in place which was being used appropriately. This ensured that staff were aware of their roles and responsibilities and were held accountable for their actions.

The registered provider had a set of visions and values in place which included the promotion of people's independence and maintaining their dignity and respect. Staff demonstrated a good understanding of these visions and values and people confirmed that staff worked to promote these.

Team meetings were held on a regular basis. Staff were able to contribute to the agenda which included items such as best practice, compliments and complaints. In addition memos were sent out on a weekly basis to staff which included relevant information. For example one memo included a reminder to staff to sign MAR sheets in response to an example where a member of staff had neglected to do so. Another memo

contained information around staff responsibilities relating to the MCA.

The registered provider is required to notify the CQC about specific incidents and events that occur within the service. Prior to the inspection we reviewed our records and found that we had not received any notifications. However the registered manager demonstrated a good understanding of those occasions where they would be required to notify us.